

**Office of the Regional Administrator / Region I**

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July 18, 2002

Jane A. Hayward, Director  
Department of Human Services  
600 New London Avenue  
Cranston, Rhode Island 02920

Dear Ms. Hayward:

I am pleased to inform you that your revised request to renew your home and community-based services waiver for aged and disabled individuals in residential care (assisted living), authorized under the provisions at section 1915(c) of the Social Security Act (the Act) is approved. This waiver renewal is assigned control number 0335.90, which should be used in any future correspondence. Copies of the approved waiver pages you submitted as an amended streamlined waiver request package on July 5, 2002, are enclosed.

You submitted your waiver request to continue to provide case management, assisted living services and specialized medical equipment as part of your renewal. These services will be provided to eligible aged and disabled persons who would otherwise require the level of care provided in a nursing facility. You asked to continue your waiver of the amount, duration and scope of services requirements set forth in section 1902(a)(10)(B) of the Act.

All eligibility requirements and procedures described in the original waiver will remain in effect under the renewed waiver. All assurances and information in the approved waiver as required by 42 CFR 441.302(a) – (f) remain in effect, including all amendments approved by the Centers for Medicare & Medicaid Services (CMS).

This renewal approval is granted in accord with your agreement with findings and recommendations in the CMS report of the onsite review conducted by the regional office from April 8 to 12, 2002. In your response letter, dated July 2, 2002, to the draft review report, you indicated that the State expected to implement all recommendations in the first year of the waiver renewal.

The waiver is currently operating in its third temporary 90-day extension period. Based on the assurances and information you have provided, I am approving the State's waiver renewal as requested, effective January 1, 2002. The temporary extension periods will therefore be subsumed in the first renewal year.

The waiver renewal is based upon your agreement to provide home and community-based services up to the number of individuals in Factor C and the per capita estimated expenditures in Factor D. If at any time during the five-year waiver, the actual number of individuals and/or expenditures exceed your projected estimates, please contact the regional office to determine whether an amendment to this waiver should be submitted.

The following estimates of utilization and cost of waiver services have been approved for the renewal:

	<u>C</u>	x	<u>D</u>	<u>TOTAL</u>
Year 1 (1/1/2002 – 12/31/2002)	380		\$ 7,452	\$2,831,685
Year 2 (1/1/2003 – 12/31/2003)	380		\$10,024	\$3,809,128
Year 3 (1/1/2004 – 12/31/2004)	380		\$12,713	\$4,830,964
Year 4 (1/1/2005 – 12/31/2005)	380		\$12,781	\$4,856,956
Year 5 (1/1/2006 – 12/31/2006)	380		\$12,919	\$4,909,282

The waiver renewal request conforms fully to the requirements of the statute and Medicaid regulations. We appreciate the effort and cooperation provided by you and your staff. If you have any questions, please call Nancy Grano at (617) 565-1695.

Sincerely yours,

Lynda F. Silva  
Acting Regional Administrator

Enclosure

cc:

John Young,  
Paul McCann

Mary Jean Duckett, CMS

bcc:

Richard Pecorella, CMS

William J. Briggs, CMS FM

CMS:DMSO:NGRANO:7/15/2002:ri-appr-033590-71802.DOC

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